

**BEFORE THE BOARD OF BOARD OF EXAMINERS OF
RESIDENTIAL CARE FACILITY ADMINISTRATORS**

STATE OF IDAHO

In the Matter of the License of:)	
)	Case No. RCA-2010-5
RANDY L. ROBINSON,)	
License No. RCA-1411,)	FINDINGS OF FACT,
)	CONCLUSIONS OF LAW AND
Respondent.)	FINAL ORDER
)	

Having reviewed the documents and correspondence contained in the administrative file in this matter, the Idaho State Board of Examiners of Residential Care Facility Administrators (the "Board") hereby enters the following Findings of Fact, Conclusions of Law, and Final Order:

FINDINGS OF FACT

1. Respondent Randy L. Robinson ("Respondent") is a duly licensed Residential Care Facility Administrator in the State of Idaho holding License No. RCA-1411.

2. At all times relevant herein, Respondent was the Residential Care Facility Administrator for Constellations Assisted Living LLC in Idaho Falls, Idaho ("the facility").

3. On or about November 19, 2009, the Idaho Department of Health & Welfare, Division of Medicaid, notified the Board that, based on a November 6, 2009, complaint investigation survey of the facility, the following complaints were substantiated:

a. Respondent failed to protect residents from abuse by verbally assaulting a resident, threatening to withhold food and attempting to physically move the resident from a chair against her will.

b. The facility did not notify residents that a sex offender was admitted to and resided in the facility.

c. The facility did not have the types and amounts of food to be served readily available to meet the planned menu.

d. The facility did not maintain a supply of seven days of non-perishable and two days of perishable foods.

e. Residents at the facility were not consistently assisted with cleaning their rooms.

f. An identified resident at the facility only received a bath about once a month.

g. The facility had expired canned goods in storage for resident consumption.

h. The facility did not offer snacks per the state rules.

i. An identified resident at the facility was put to bed against his will at 7 p.m.

j. The facility failed to develop behavior management plans for residents.

k. The facility failed to give residents medications as ordered, documented that medications were given when they were not, failed to have medications available, and failed to notify physicians when residents refused their medications.

l. The facility failed to complete criminal history and background checks on 10 of 13 staff who were allowed to work unsupervised.

4. On November 19, 2009, the Department of Health & Welfare, Medicaid Division, notified Respondent that the residential care facility license for Constellations Assisting Living LLC was being revoked effective December 19, 2009.

5. On or about December 9, 2009, Respondent voluntarily surrendered his license, admitting that he failed to comply with the Idaho Residential Care

Administrators Act, title 54, chapter 42, Idaho Code. A true and correct copy of the voluntary surrender form signed by Respondent is attached hereto as Exhibit A.

6. Respondent knowingly and freely waived his right to a hearing, and waived all rights granted to Respondent pursuant to the Administrative Procedures Act, chapter 52, title 67, Idaho Code.

CONCLUSIONS OF LAW

1. As a licensed Residential Care Facility Administrator in the State of Idaho, Respondent is subject to the jurisdiction of the Board and to the provisions of title 54, chapter 42, Idaho Code, and the rules and regulations promulgated by the Board thereunder.

2. The allegations in the complaints, if proven, would constitute violations of the Board's laws and rules and constitute grounds for revocation or suspension of Respondent's license to practice as a Residential Care Facility Administrator pursuant to Idaho Code § 54-4213(1)(b) (Board may discipline a licensee upon proof of the willful or repeated violation of any of the provisions of the Residential Care Administrators Act or the Board's rules, or of willful or repeated actions in a manner inconsistent with the health and safety of patients) .

3. Respondent's voluntary surrender of licensure authorizes the Board to revoke or suspend Respondent's license without further process.

ORDER

NOW, THEREFORE, IT IS HEREBY ORDERED, based upon the foregoing Findings of Fact and Conclusions of Law, and good cause being shown, it is hereby ordered that:

1. License No. RCA-1411 issued to Respondent Randy L. Robinson, including any renewal rights, is hereby REVOKED for five (5) years from the date of this Order based upon voluntary surrender.

2. Respondent shall not re-apply for licensure during the 5-year revocation period. At the conclusion of the 5-year revocation period, Respondent may re-apply for

licensure under the following conditions:

a. Respondent shall meet all requirements of a new applicant as set forth in the Board's laws and rules.

b. Respondent shall pay to the Board an administrative fine in the amount of One Thousand and No/100 Dollars (\$1,000.00).

c. Respondent shall pay investigative costs incurred by the Board in this matter in the amount of One Thousand Seven Hundred Thirty-Five and 38/100 Dollars (\$1,735.39).

d. Respondent shall appear before the Board to address the deficiencies issued by the Department of Health & Welfare in the November 6, 2009, complaint investigation survey and any other allegations in the Board's investigation in this matter.

e. Pursuant to Board Rule 700, the Board may also require Respondent to submit to any other review as well as require Respondent to sit for a special examination at the Board's discretion.

3. No provision in this Order shall limit the Board's authority under Board Rule 700 to deny a license application made by Respondent after the 5-year revocation period.

This order is effective immediately.

DATED this 7th day of January, 2010.

IDAHO STATE BOARD OF
EXAMINERS OF RESIDENTIAL CARE
FACILITY ADMINISTRATORS

By Vicky Goettsche
Vicky Goettsche, Vice Chair

NOTICE OF DUE PROCESS RIGHTS

NOTE: THIS NOTICE IS PROVIDED SOLEY FOR COMPLIANCE WITH IDAHO CODE § 67-5248, AND IS NOT INTENDED TO REINSTATE ANY RIGHTS PREVIOUSLY WAIVED BY RESPONDENT.

This is a final order of the Board. Any party may file a motion for reconsideration of this final order within fourteen (14) days of the issuance date of this order. The Board will dispose of the petition for reconsideration within twenty-one (21) days of its receipt, or the petition will be considered denied by operation of law. See Idaho Code § 67-5246(4).

Pursuant to Idaho Code §§ 67-5270 and 67-5272, any party aggrieved by this final order or orders previously issued in this case may appeal this final order and all previously issued orders in this case to district court by filing a petition in the district court of the county in which:

- a. A hearing was held,
- b. The final Board action was taken,
- c. The party seeking review of the order, resides, or
- d. The real property or personal property that was the subject of the Board action is located.

An appeal must be filed within twenty-eight (28) days (a) of the issuance date of this final order, (b) of an order denying petition for reconsideration, or (c) the failure within twenty-one (21) days to grant or deny a petition for reconsideration, whichever is later. See Idaho Code § 67-5273. The filing of an appeal to district court does not itself stay the effectiveness or enforcement of the order under appeal.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 7th day of January, 2010, I caused to be served a true and correct copy of the foregoing by the following method to:

Randy L. Robinson
1598 Shady Pines Drive
Idaho Falls, ID 83404

- ☒ U.S. Mail
- ☐ Hand Delivery
- ☒ Certified Mail, Return Receipt Requested
- ☐ Overnight Mail
- ☐ Facsimile: _____
- ☐ Statehouse Mail



Tana Cory, Chief
Bureau of Occupational Licenses

IDAHO BUREAU OF OCCUPATIONAL LICENSES

VOLUNTARY SURRENDER OF LICENSE

I, Randy L. ROBINSON, hereby voluntarily surrender my license to practice as a Residential Care Administrator in the State of Idaho. I agree and consent that the surrender of my license to practice is done without an order, order to show cause, hearing, or any other proceeding compelling its surrender. In view of my failure to comply with Idaho Law, title 54, chapter 42, Idaho Code, and the rules promulgated by the Idaho Residential Care Administrators Board ("Board"), and as an indication of my good faith in desiring to remedy any incorrect or unlawful practices on my part, I voluntarily surrender my license to practice in the State of Idaho and agree to immediately discontinue the practice of residential care administration in this state.

I understand that I have the right to a hearing, the right to confront and cross-examine witnesses, the right to present evidence and testimony on my behalf, the right to appeal and all other rights accorded to me by the Idaho Administrative Procedures Act, title 67, chapter 52, Idaho Code, and the laws and rules governing the practice of Residential Care Administrator, title 54, chapter 42, Idaho Code. I hereby freely and knowingly waive these rights without further process as a resolution of any claims or allegations which might otherwise be brought against me by the Board. I further waive any license renewal rights provided by Idaho Code § 67-2614.

I acknowledge that in surrendering my license to practice, I specifically waive the right to contest this relinquishment in any subsequent proceeding. I acknowledge that the Board has jurisdiction to proceed against my license pursuant to Idaho Code § 54-4213. I understand that the Board may enter an order either revoking or suspending my license to practice based upon my voluntary surrender of my license, which order may include, but is not limited to, a civil penalty and/or the imposition of costs and fees incurred by the Board in its investigation and prosecution of any claims or allegations against me, and I hereby consent to the imposition of such discipline without further notice or process.

I understand and acknowledge that by surrendering my license to practice, all of the privileges associated with said license are hereby surrendered until such time as I am again properly licensed. I understand that to regain a license to practice in the State of Idaho, I must re-apply to the Board pursuant to the provisions of title 54, chapter 42, Idaho Code, and all applicable rules and orders entered by the Board. I understand and agree that any decision regarding reinstatement of my license is a discretionary decision for the Board. I understand and agree that the Board may rely on factors set forth in this document or other than those set forth in this document as grounds for denial of a petition for reinstatement of my license or any license application that I may submit.

I waive refund of any payments made by me in connection with my license under the Idaho Residential Care Administrators Act and any rules promulgated thereunder.

Name of Licensee: Randy L. Robinson License No.: RCA-1411

Address: 1593 Shady Pines Dr. L.F. Id. 83404
street city zip

Signature of Licensee or Authorized Individual: Randy Robinson

Date: 12-09-09

Signature of Witness: Dylan Lukan

Date: 12-09-09